



Health Care Flexible Spending Account – Debit Card Enrollment Form

This feature gives you the ability to pay for health care expenses at the point of service and directly from your health care flexible spending account (HCFSA). This means you do not need to pay by another method, wait to file a claim and then wait for the funds to be reimbursed.

By completing this form, you understand that by electing to take the debit card, you will be responsible to send in documentation to UMR if the transaction cannot be auto-substantiated within the system. You also understand that your card may be suspended if the required documentation is not received by UMR or the documentation indicates the debit card was used for an ineligible expense.

By selecting this option, you certify that the expenses for which you are requesting through the HCFSA are expenses incurred by yourself or your eligible dependents and have not been reimbursed in any other way or from any other source. Please refer to your Summary Plan Description or consult with your tax advisor to verify who is an eligible dependent.

If you would like this benefit, please complete the form and return it to UMR by fax, e-mail or address listed below.

Member Information (Please Print or Type)

Name _____ UMR Identification Number: _____

Do you want to elect the debit card? Yes No

Authorization

I also understand that the health care flexible spending account elections indicated on this form will remain in effect until a change is requested.

Signature _____ Date _____

If you have any questions, please contact your customer service department at the number listed below.

PHONE: 800-826-9781
FAX TO: 877-390-4782 (toll-free)
SEND TO: UMR • P.O. Box 8022 • Wausau, WI • 54402-8022
E-MAIL INQUIRIES: umr-fsa@umr.com